§ 58.13

\$58.13 VA Form 10–10SH—State Home Program Application for Veteran Care Medical Certification.

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STAT RESIDENT'S NAME (L	E HOME PROGRAM APPLICATION FO	R VETERAN CARE - MEDI		, CONTINUED RITY NUMBER			
TEODERI O INAME (E	ea, i nai, moure)		SCORE SCORE I NUMBER				
		an appropriate number in ea					
COMMUNICATION	1. Transmits messages/receives information 2. Limited ability 3. Nearty or totaly unable	SPEECH	1. Speak clearly with 2. Limited ability 3 Unable to speak cl	others of same language early or not at all			
HEARING	1. Good 2. Hearing slightly impaired 3 Nearly or totaly unable 4. Virtually/completely deaf	SIGHT	1. Good 2. Vision adequate - Unable to read/see details 3. Vision limited - Gross object differentiation 4. Blind				
TRANSFER	1 No assistance 2. Equipment only 3. Supervision only 4. Requires human transfer w/wo equipment 5. Bedfast	AMBULATION	1. Independence w/w 2. Welks with supervi 3. Welks with continu 4. Bed to chair (total I 5. Bedfast	sion ous humen support			
ENDURANCE	1. Tolerates distances (250 feet sustained act 2. Needs intermitten rest 3. Rerely tolerates short activities 4. No tolerance	MENTAL AND BEHAVIOR STATUS	1 Alert 2. Confused 3. Discriented 4. Comatose	5. Agreeable 6. Disruptive 7. Apathetic 9. Well motivated			
TOILETING	and transfer 3. Total asstance including personal hygiene, help with clothes C. 8.	sthroom ddide BATHING mmode idpan	1. No assistance 2. Supervision Only 3. Assistance 4. Is bathed	A. Tub B. Shower C. Sponge bath			
DRESSING	1. Dresses self 2. Minor assistance 3 Needs help to complete dressing 4 Has to be dressed	FEEDING	1. No assistance 2. Minor assistance, needs tray set up only 3. Help feeding/encouraging 4. Is fed				
BLADDER CONTROL	1 Continent 2. Rarely incontinent 3. Occasional - once/week or less 4. Frequent - up to once a day 5. Total incontinence 6 Catheter, indwelling	BOWEL CONTROL	1. Continent 2. Rarely incontinent 3. Occasional- oncelweek or less 4. Frequent - up to once a dey 5. Total incontinence 6. Oatomy				
SKIN	1. Infact 2 Dry/Fragile Number 3. Infations (Rash): 4 Open wound Stage 5 Decubitus	WHEEL CHAIR USE					
SIGNATURE OF REGI	TERED NURSE OR REFERRING PHYSICIAN			DATE			
SENSATION IMPAIRE	APY (To be completed by Physical Therap RESTRICT ACTIVITY PRECAUTIONS CARDIAC	3	NEW REFERRAL	CONTINUATION OF THERAPY FREQUENCY OF TREATMENT			
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PRIOR LIVING ARRAN		SMENT (To be completed by S LONG RANGE PLAN	Social Worker)				
ADJUSTMENT TO ILLI	IESS OR DISABILITY	SIGNATURE OF SOCIAL	WORKER	DATE			
DATE RECEIVED BY V		HORIZATION FOR PAYMENT LEVEL OF CARE RECOM	MENDED				
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§58.13

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The information requested on this form is solicited under the authority of Title 38, U.S.C., Sections 1741, 1742 and 1743. It is being collected to enable us to determine your eligibility for medical benefits in the State Home Program and will be used for that purpose. The income and eligibility you supply may be verified through a computer matching program at any time and information may be disclosed outside the VA as permitted by law; possible disclosures include those described in the "routine uses" identified in the VA system of records 24VA136, Patient Medical Record-VA, published in the Federal Register in accordance with the Privacy Act of 1974. Disclosure is voluntary; however, the information is required in order for us to determine your eligibility for the medical benefit for which you have applied. Failure to furnish the information will have no adverse affect on any other benefits to which you may be entitled. Disclosure of Social Security number(s) of those for whom benefits are claimed is requested under the authority of Title 38, U.S.C., and is voluntary. Social Security numbers will be used in the administration of veterans benefits, in the identification of veterans or persons claiming or receiving VA benefits and their records and may be used for other purposes where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute.

VA FORM APR 2009 10-10SH

[65 FR 981, Jan. 6, 2000, as amended at 74 FR 19444, Apr. 29, 2009]